## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

27855/39300

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                |                                    |                  |  |      | SMALL ENTITY TYPE |                        |      | OTHER THAN SMALL ENTITY |                        |
|--|--|---|----------------|------------------------------------|------------------|--|------|-------------------|------------------------|------|-------------------------|------------------------|
| TOTAL CLAIMS   |  |   | 34             |                                    |                  |  |      | RATE              | FEE                    | 7    | RATE                    | FEE                    |
| FOR  |  |   | NUMBER FILED . |                                    | NUMBER EXTRA     |  |      | BASIC FEE         | 385.00                 | OR   | BASIC FEE               | 770.00                 |
| TC   | TAL CHARGE                                     | ABLE CLAIMS                               | 3 4 minus 20=  |                                    | . 14             |  |      | X\$ 9=            |                        | OR   | X\$18=                  | 252                    |
| IN   | DEPENDENT C                                    | LAIMS                                     | Y minus 3 =    |                                    | *                | ,  |      | X43=              |                        |      | X86=                    | 86                     |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |                |                                    |                  | <u>'                                    </u> |      |                   | <del></del>            | OR   | -                       | 0.0                    |
| * If the difference in column 1 is less than zero, enter   |  |   |                |                                    | "O" in c         | column 2                                     |      | +145=             |                        | OR   | +290=                   |                        |
| ·  |  |   |                |                                    |                  | Joidini 2                                    |      | TOTAL             |                        | OR   | TOTAL                   | 1108                   |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2)  |  |   |                |                                    |                  | (Column 3)                                   |      | SMALL             | ENTITY                 | OR   | OTHER<br>SMALL          |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | Ì              | HIGHE<br>NUME<br>PREVIO<br>PAID F  | BER<br>USLY      | PRESENT<br>EXTRA                             |      | RATE              | ADDI-<br>TIONAL<br>FEE |      | RATE                    | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus          | **                                 |                  | =  |      | X\$ 9=            |                        | OR   | X\$18=                  |                        |
| AME  | Independent                                    | <u> </u> *                                | Minus          | ***                                |                  | =  |      | X43=              |                        | OR   | X86=                    |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |   |                |                                    |                  |  |      | +145=             |                        | OR   | +290=                   |                        |
|  |  |   |                |                                    |                  |  |      | TOTAL             |                        |      | TOTAL                   |                        |
|  |  | F   | ADDIT. FEE     |                                    |                  | ADDIT. FEE                                   |      |                   |                        |      |                         |                        |
| ENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGHE<br>NUMB<br>PREVIO<br>PAID F  | ER<br>USLY       | PRESENT<br>EXTRA                             |      | RATE              | ADDI-<br>TIONAL<br>FEE |      | RATE                    | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT B  | Total  | *   | Minus          | **                                 |                  | = ,  |      | X\$ 9=            |                        | OR   | X\$18=                  |                        |
|  | Independent                                    |   |                |                                    | =                |  | X43= |                   | OR                     | X86= |                         |                        |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                |                                    |                  |  |      |                   |                        | OR   | +290=                   | ·                      |
|  |  |   |                |                                    |                  |  |      | +145=<br>TOTAL    |                        |      | TOTAL                   |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |                |                                    |                  |  |      | DDIT. FEE         | ,                      | , ,  | ADDIT. FEE              |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGHE<br>NUMB<br>PREVIOU<br>PAID F | ST<br>ER<br>USLY | PRESENT<br>EXTRA                             |      | RATE              | ADDI-<br>TIONAL<br>FEE |      | RATE                    | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus          | <b>**</b> .                        |                  | = .  |      | X\$ 9=            |                        | OR   | X\$18=                  |                        |
| AME  | Independent                                    | *   | Minus          | ***                                | 0                | =  |      | X43=              |                        | OR   | X86=                    |                        |
| ·  | FIRST PRESE                                    | NTATION OF MU                             | LIPLE DEP      | ENDENT                             | CLAIM            |  | \    | +145=             |                        | OR   | +290=                   | -                      |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                |                                    |                  |  |      |                   |                        |      |                         |                        |